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FILED  
00 SEP 11 AM  
TRANSMITTAL LETTER  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

700003388147--8  
-09/11/00--01088--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ATKINS INDUSTRIES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: CHRISTIAN ATKINS  
Name (Printed or typed)

4301 ADAMS AVENUE  
Address

MIAMI BEACH, FL. 33140  
City, State & Zip

305 796 3442  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

PH 5/13/00

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

00 SEP 11 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **ATKINS INDUSTRIES, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: **4301 ADAMS AVE, MIAMI BEACH, FL. 33140.**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PROJECT MANAGEMENT**

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

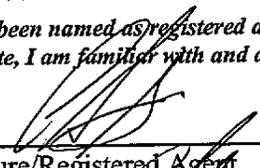
ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is: **CHRISTIAN ATKINS  
4301 ADAMS AVE, MIAMI BEACH  
FL. 33140.**

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: **CHRISTIAN ATKINS  
4301 ADAMS AVE, MIAMI BEACH  
FL. 33140**

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

9-7-00  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-7-00  
Date